

# EBENEFITS & EMPLOYEE SELF SERVICE QUICK REFERENCE GUIDE

(ALL STATE, K-12 & HIGHER EDUCATION EMPLOYEES)  
2015 OPEN ENROLLMENT PERIOD • MAY 11-28, 2015



## I) HOW TO ACCESS EMPLOYEE SELF SERVICE FOR EBENEFITS, THE SPOUSAL COORDINATION OF BENEFITS (COB) FORM AND ACCESS TO MINNESOTA LIFE WEBSITE

1. Open Internet Browser  
(Internet Explorer or Netscape)
2. Type in [www.employeeselfservice.omb.delaware.gov](http://www.employeeselfservice.omb.delaware.gov)
3. Press Enter or Go
4. **Returning Users versus New Users:**

### Returning Users

Use the “I know my User ID and Password” link below **Returning User** if you *have* accessed Employee Self-Service since 06/10/13

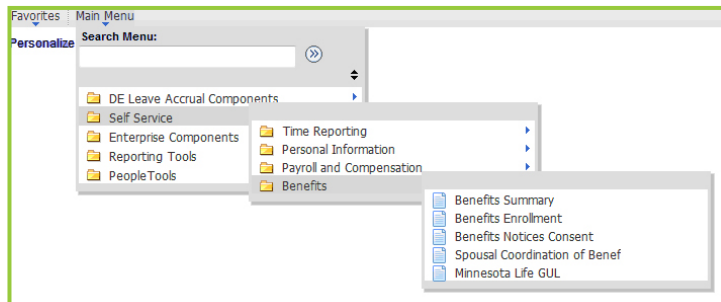
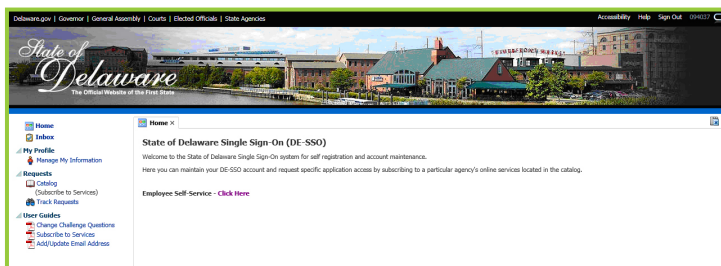
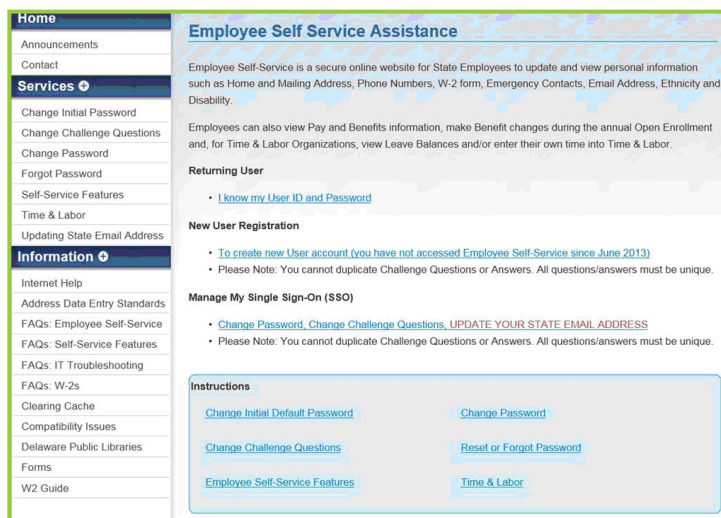
- Employee Self-Service sign in screen opens
- Enter **User ID** which is your six digit **Employee ID** number. This is the same ID used to access the system to view your paycheck online. If you cannot locate your ID, contact your HR/Benefits office.
- Enter **Password**
- Click **Sign In**

### New Users

Use the “To create new User account (you have not accessed Employee Self-Service since June 2013)” link below **New User Registration** if you *have not* accessed Employee Self-Service since 06/10/13.

Employee Self-Service New User Login Instructions are located at [www.employeeselfservice.omb.delaware.gov](http://www.employeeselfservice.omb.delaware.gov) on the left navigation under Services – Change Initial Password

5. After you log in, select **Click Here** to continue to Employee Self-Service.
6. Once in Employee Self Service, click on **Main Menu**, select **Self Service** and select **Benefits**.



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## 2) BENEFITS ENROLLMENT (EBENEFITS)

Do not use the “BACK” button in this web site.

### View Your Current Benefit Elections:

1. Follow the instructions on Page 1 to access Employee Self-Service
2. Once you have logged on, select **Main Menu**.
3. Click **Self Service**.
3. Click **Benefits**.
4. Click **Benefits Enrollment**.
5. On the Benefits Enrollment page, click **Select**.
6. The Open Enrollment page shows you what benefits you currently have. Use the vertical scroll bar on the right side to view the entire list.

### To Make Changes:

1. Click the **Edit** button next to the benefit you wish to change (i.e., Medical, Dental, Vision, Blood Bank).
2. Click the **radio button** next to the option you wish to select.
3. For Medical, Dental and Vision, select the dependents you wish to have covered. By using the scroll bar to scroll down you can see all eligible dependent(s).  
Dependents to be enrolled must have a check in the checkbox before their name. Click on the checkbox to ADD or REMOVE check.  
To add a dependent who is not listed, or to see how to specify a primary care provider (PCP), see next two pages.
4. Click **Update Elections** to review your changes.
5. Review and click **Update Elections** to accept or **Discard Changes** to correct.
6. You may want to print this page for your records.
7. When all changes are made, click **Submit**, located at the bottom of Benefits Enrollment - Open Enrollment page.

### Submit Your Benefit Choices:

1. Carefully read the **Submit Benefit Choices** page.
2. Click **Submit** to Authorize Elections.
3. Click **OK** at the **Submit Confirmation** page to verify elections have been submitted.

### IMPORTANT!

Click sign out to sign out of eBenefits.

#### Benefits Enrollment



The only time you may change your benefit choices on-line is during open enrollment. Please contact your Human Resources/Benefits Office to make changes due to a qualified family status change or other qualifying event.

The Information icon provides you with additional information about your enrollment.

The Select button next to an event means it is currently open for enrollment.

To begin your enrollment, click Select.

Open Benefit Events				
Event Description	Event Date	Event Status	Job Title	
Open Enrollment	06/28/2015	Open	Accounting Specialist	<b>Select</b>

Once you click Select, it will take a few seconds for your benefits enrollment information to load. If the Select button does not bring up your enrollment information, contact your Human Resources/Benefit Office.

Enrollment Summary					
Medical		Full Cost	Credits	Before Tax	After Tax <b>Edit</b>
Current: Highmark Blue Care HMO:Emp+Child					
New: Highmark IPA/HMO:Emp+Child		31.32	0.00	31.32	
Dental		Full Cost	Credits	Before Tax	After Tax <b>Edit</b>
Current: Delta Dental PPO:Emp+Child					
New: Delta Dental PPO Plus Premier:Emp+Child		35.41	0.00	35.41	
Vision		Full Cost	Credits	Before Tax	After Tax <b>Edit</b>
Current: State Vision:Emp+Child					
New: State Vision:Emp+Child		5.07	0.00	5.07	
Blood Bank		Full Cost	Credits	Before Tax	After Tax <b>Edit</b>
Current: Waive					
New: Blood Bank of Delmarva:Empl Only		0.00	0.00		

#### Authorize Elections

By submitting your benefit choices you are authorizing the State of Delaware to take deductions from your paycheck to pay for your benefit costs. You are also authorizing the State of Delaware to send necessary personal information to your selected providers to initiate and support your coverage. Deductions will begin with the July 24, 2015 paycheck and coverage will begin on July 1, 2015.

**Submit** **Cancel**

Click **Submit** to send your final choices to be processed.

Select the **Cancel** button if you are not ready to submit your choices and wish to return to the Enrollment Summary.

#### Benefits Enrollment

##### Submit Confirmation



Your benefit choices have been successfully submitted for processing.

To return to the Benefits Enrollment page, click **OK** or click **Sign Out** to exit.

**OK**





## BENEFITS ENROLLMENT (CONTINUED)

### Adding Dependent(s):

1. After you click the **Edit** button for medical, dental, vision, or blood bank; using the scroll bar, scroll to the bottom and click the **Add/Review Dependents** button.
2. To add a dependent, click **Add a Dependent**.
3. Enter all dependent information; i.e., name, address, date of birth, SSN, etc., (If the address and/or phone number are the same as the employee, click the checkbox **'Same address as employee'** and/or **'Same phone as employee'**).
4. If adding and enrolling a spouse or children due to marriage, choose the relationship of spouse, son and/or daughter as applicable.

If you cover a dependent, you **MUST** complete a Dependent Child COB form upon initial enrollment if the child has other coverage or anytime the child is enrolled in other coverage.

Go to [www.ben.omb.delaware.gov/medical](http://www.ben.omb.delaware.gov/medical) select Highmark or Aetna.

If adding and enrolling a spouse or children due to a civil union from a State other than Delaware, for the **FIRST TIME**, complete the Certification of Tax Dependent Status Form at [www.ben.omb.delaware.gov/cusgm](http://www.ben.omb.delaware.gov/cusgm) to determine tax dependency. Based on tax dependency, choose the proper relationship of IRS Qualified (IRSQ) or IRS Non-Qualified (IRSNQ) for your spouse and children. Submit the completed Certification of Tax Dependent Status Form to your organization's Human Resources/ Benefits Office.

#### Add/Review Dep/Ben

The people listed below may be eligible for Benefit Coverage. Select a name to view or modify their personal information.

Dependent Information						
Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Student	Disabled
	Spouse		Married		No	No
	Child		Single		Yes	No
	Child		Single		No	No

Add a dependent

[Return to Event Selection](#)

5. Click **Save**.
6. If the required fields are not completed, you will receive an error message box instructing which missing fields are required to complete the transaction.
  - If Box states that a field should be entered for dependent, click Cancel and enter the field. Do not click "OK" **OR**
  - If Box states "field is required", click **OK** and enter the required information
7. After receiving the successful confirmation, click **OK**, then scroll down and click **Return to Enrollment Dependent/Beneficiary Summary**.
8. Scroll down and click **Return to Event Selection**. To enroll the new dependent, scroll down to **Enroll Your Dependents** and click on the checkbox.
9. Click **Update Elections**.

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## BENEFITS ENROLLMENT (CONTINUED)

### Specify a Primary Care Provider (PCP):

A PCP ID code must be entered, if you are enrolling yourself or a dependent in one of these HMO plans for the **first time**:

- Medical - Highmark IPA/HMO or Aetna's HMO plan.
- Dental - Dominion Dental Services

1. After you click the **Edit** button for medical or dental; using the scroll bar, scroll to the bottom and go to the **Specify a Primary Care Provider ID** textbox.
2. Enter your provider ID code. If you don't know your provider ID code, click **Select a Provider**.
3. Select appropriate checkboxes.
4. Click **Dependent Provider List** to enter PCP for dependents if different from your PCP. Check if Previously Seen. Click **Update Elections**.
5. Review Benefits Enrollment page, if correct click **Update Elections**.

**NOTE: BENEFIT CHANGES CANNOT BE VIEWED UNTIL THE FOLLOWING BUSINESS DAY.**

### To view your Benefits Summary:

1. Follow the instructions on Page 1 to access Employee Self-Service.
2. Once you have logged on, click **Self Service**.
3. Click **Benefits**.
4. Click **Benefits Summary**.
5. Change the date in the box to **07/01/2015**.
6. Click **Go**.

**Important:** If there is an error in your benefit elections or the coverage listed, you must contact your HR/ Benefits Office no later than June 5, 2015 to have the error corrected.

**NO CORRECTIONS WILL BE MADE AFTER JUNE 5, 2015.**

#### Choose a Primary Care Provider ID

If you are enrolling in this plan for the first time, you must select a primary care provider for you and each dependent to be covered. Enter the provider's ID number from the provider listing. You must indicate whether or not you have already established a relationship with this provider, since some providers are not accepting new patients.

If you are already enrolled in this plan and you wish to change your primary care provider on file with the carrier, please do not enter the provider's information below. Contact the carrier directly at the phone number on the back of your insurance card or in your open enrollment booklet.

Specify a Primary Care Provider ID:

[Select a Provider](#)

☐ Check here if you have previously seen this provider

☐ Check here to use the same provider for all your dependents

[Dependent Provider List](#)

Select the **Update Elections** button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Select the **Discard Changes** button to ignore all entries made on this page and return to the Enrollment Summary.

#### Benefits Summary

To view your benefits as of another date, enter the date and select Go.

07/01/2015

Benefits Summary		
Type of Benefit	Plan Description	Coverage or Participation
<a href="#">Medical</a>	Highmark IPA/HMO	Employee + Child(ren)
<a href="#">Dental</a>	Delta Dental PPO Plus Premier	Employee + Child(ren)
<a href="#">Vision</a>		Waived
<a href="#">Blood Bank</a>	Blood Bank of Delmarva	





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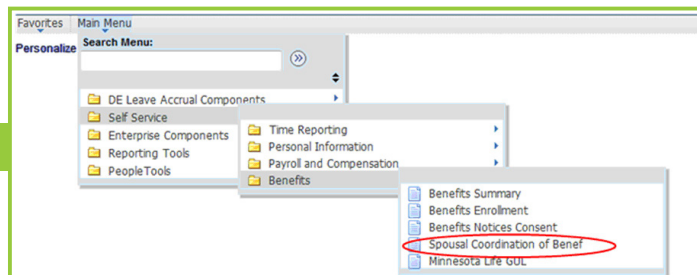


## 3) SPOUSAL COORDINATION OF BENEFITS

If you cover your spouse on your State of Delaware health plan, you must complete the Spousal Coordination of Benefits form each year.

**NEW FOR 2015!** Active State, K-12 and Higher Education Employees will now need to complete the Spousal Coordination of Benefits form **within** Employee Self Service.

1. Follow the instructions on Page 1 to access Employee Self-Service.
2. Once you have logged on, click **Self Service**.
3. Click **Benefits**.
4. Click **Spousal Coordination of Benefits**.
5. Click **Create New Form**.
6. Read the important information, then click **Continue**.



Click "CREATE NEW FORM" button to generate a new form.

Empl ID: [field] Effective Date: 04/08/2015 Empl Status: Active

Name: [field]

Spouse Name: [field]

Employee Carrier: Highmark Delaware

Create New Form

READ THIS FIRST - IMPORTANT INFORMATION

If you cover your spouse in one of the State of Delaware's Group Health Insurance plans, you **MUST** complete a new Spousal Coordination of Benefits form **each year** during Open Enrollment **and** anytime your spouse's employment or insurance status changes. If you do not submit a form, your spouse's coverage will be reduced to 20%.

Completion or modification of the Spousal COB form alone does **NOT** enroll and/or terminate your spouse's coverage in your health plan. To enroll or terminate your spouse in your health plan, you must access eBenefits through Employee Self Service during Open Enrollment, or contact your human resources representative anytime throughout the year if your spouse's employment or insurance status changes.

Please read the acknowledgment sections at the end of this form carefully. You are responsible for understanding the requirements of the Spousal Coordination of Benefits Policy described here, for providing verification as noted, and for the accuracy of the information in this form.

Additional information not covered by the form should be entered into the "Comments" sections at the end of the form.

If any information entered on this form is found to be false or incorrect and medical claims are paid based on the false or incorrect information, the employee will be required to reimburse the State.

Continue

7. Review all information on the screen. Contact your HR/Benefits Office to request updates to any incorrect information before proceeding or completing this form.
8. Enter **Email Address** if you would like an email confirmation that you completed this form.

### Spouse Information:

9. **My Spouse is:** use the drop down box to select the current employment status of your spouse. Then click **Continue**.

Spousal Coordination of Benefits Form

Any incorrect information below must be updated through Employee Self-Service/Personal Information or through your Human Resources Representative before continuing with this process.

Employee Information:

Empl ID: [field]

Effective Date: 04/08/2015

Name: [field]

Employee Carrier: Highmark Delaware

Phone: [field]

SSN: [field]

Birthdate: [field]

Department: 100247470 Office of Mgmt & Budget/PHRST

Email Address: [field]

Spouse Information:

Name: [field]

SSN: [field]

Birth Date: 10/29/1965

My Spouse Is: [dropdown menu]

Continue Return

[Click here for help](#)



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## SPOUSAL COORDINATION OF BENEFITS (CONTINUED)

10. Enter the information in the data entry fields that appear on the next three screens. Click **Continue** to proceed through each section.

2

Spousal Coordination of Benefits Form

Name of Carrier:

Policy Number:

Coverage Effective Date:

☐ Yes ☒ No Does your spouse's medical plan cover prescription drugs?

If you are completing this form due to a change in your spouse's employment or medical coverage, please indicate the effective date of the change and explain.

Effective Date of Change:

Comments:

3

Spousal Coordination of Benefits Form

Please verify your data entries. If you need to make corrections, use the return button to the selection you need to correct, certify below and complete your submission.

Step 1: Summary

Step 2:

If you are completing this form due to a change in your spouse's employment or medical coverage, please indicate the effective date of the change and explain.

Effective Date of Change:

Additional Comments:

Spousal Coordination of Benefits Form

Complete the information below and then proceed to the next section to verify and submit your entries.  
Note: If your spouse is retired, references to "Employer" below indicate your spouse's former employer.

Spouse Employer Name:

Date of Spouse's Retirement:

☐ Yes ☐ No Is your spouse enrolled in Medicare?

☐ Yes ☐ No Does spouse's employer offer employees medical insurance?

☐ Yes ☐ No Is spouse enrolled through their employer medical insurance?

If you stated that your spouse's employer offers medical insurance but your spouse is not enrolled. This may be because your spouse is not eligible, because your spouse has a waiting period before becoming eligible, or because employees must contribute greater than 50% of the cost of the plan.

What percentage of the premium for the lowest-benefit, employee-only plan would your spouse be required to pay? (Flexible benefits and credit apply toward employer's contribution.) If your spouse is a business owner or partner, what percentage of the premium are company employees required to pay?

Percentage:

Note: If your spouse is employed full-time and is not enrolled in employer medical coverage when required, the State will pay only 20% of covered services under your plan.

If your spouse is a partner, part-owner or owner of a corporation or LLC and is not enrolled in employer coverage when required, the State will pay only 20% of covered services under your plan. [Explain This](#)

See [Spousal Coordination of Benefits Policy](#) for Complete Information.

You are required to provide information explaining why your spouse has not enrolled in, or when your spouse will become eligible for, medical coverage in the comments area below.

☐ Yes ☐ No Does this plan include a Health Savings Account? [Explain This](#)

☐ Yes ☐ No Is this a Medicare Supplemental Plan?

[Click here for help](#)



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## SPOUSAL COORDINATION OF BENEFITS (CONTINUED)

### 11. Authorization Sections: 1, 2 and 3.

Please read each authorization, then Click **Accept**.

Accepting each authorization certifies you have read and understand all information included in the authorization section.

**2**

Favorites | Main Menu > Self Service > Benefits > Spousal Coordination of Benef

**Authorization 2**

I understand that the following policy applies to spouses who regularly work full-time and are eligible for medical coverage through their own employers and spouses who are retired and are eligible for medical coverage through their former employers. Generally, the following spouses are not required to enroll in their company medical benefit and may receive primary State of Delaware medical benefits (verification may be required from the spouse's employer):

- Spouses not working full time, or
- Spouses who do not yet qualify for medical coverage through their employer, or
- Spouses whose employers (or former employers, if retired) require a contribution of more than 50% of the premium for the lowest benefit employee only plan available, or
- Spouses whose employers (or former employers, if retired) do not offer medical coverage, or
- Spouses who (1) retired before October 1, 2011, (2) declined medical coverage at the time of retirement, and (3) are now not permitted to enroll during the employer's next Open Enrollment.

It is fraudulent to fill out this form with any information which is false or incorrect or to omit important facts. **Providing false or incorrect information may result in disciplinary action and sanctioned payment** (reduced to 20%) of claims for your spouse. Any claims that paid based on false or incorrect information will be reversed and payment will be the responsibility of the employee.

For any information view the complete [Spousal Coordination of Benefits Policy](#).

Accept Cancel

**1**

Favorites | Main Menu > Self Service > Benefits > Spousal Coordination of Benef

**Authorization 1**

I understand that the following policy applies to spouses who regularly work full-time and are eligible for medical coverage through their own employers and spouses who are retired and are eligible for medical coverage through their former employers:

1. This information will be shared with the State of Delaware's plan administrator(s).
2. If spouses do not enroll in their own employers' (or former employers') medical coverage, the State will reduce payment to 20% of covered services provided by the employee's State of Delaware benefit plan, and amounts not paid will be the sole responsibility of the employee and spouse.
3. When spouses of State of Delaware employees or retirees enroll in their employers' (or former employers') coverage, those plans pay benefits first. Then the State of Delaware will pay additional covered expense, if any, up to the maximum allowed under our employee's medical plan, not exceeding a limit of 100% coverage from both plans combined.

It is fraudulent to fill out this form with any information which is false or incorrect or to omit important facts. **Providing false or incorrect information may result in disciplinary action and sanctioned payment** (reduced to 20%) of claims for your spouse. Any claims that paid based on false or incorrect information will be reversed and payment will be the responsibility of the employee.

Accept Cancel

**3**

Favorites | Main Menu > Self Service > Benefits > Spousal Coordination of Benef

**Authorization 3**

If any of this information changes I must complete a new form within 30 days. In addition, a new form must be completed annually during Open Enrollment.

**Notice to All Parties Completing this Form**

To ensure proper coordination of benefits between employers, or retiree health care plans, The State of Delaware will verify the accuracy of information by conducting audits, contacting you, and/or contacting your spouse's employer or former employer. It is fraudulent to fill out this form with any information which is false or incorrect or to omit important facts. **Providing false or incorrect information may result in disciplinary action and sanctioned payment** (reduced to 20%) of claims for your spouse. Any claims that paid based on false or incorrect information will be reversed and payment will be the responsibility of the employee.

Accept Cancel

12. When the form is completed the message on the screen will say **ENTRY IS COMPLETE**. You will have the option to print a copy of the "Print Summary" to keep for your records. You will also have the option to select "Email Confirmation" to receive confirmation that you have completed the form. Selecting "Email Confirmation" will not provide you with an email Summary of this form.

13. Click **Exit** to sign out.

Favorites | Main Menu > Self Service > Benefits > Spousal Coordination of Benef

Spousal Coordination of Benefits Form

**ENTRY IS COMPLETE**

Please print a copy of the summary for your records. If you need to change information after you have submitted this form, you must complete and submit a new form.

Print Summary Email Confirmation Exit



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## 4) MINNESOTA LIFE GUL ENROLLMENT THROUGH SINGLE SIGN-ON (DE-SSO)

1. Click **Main Menu**.
2. Click **Self Service**.
3. Click **Benefits**.
4. Click **Minnesota Life GUL**.

### To Enroll:

1. From **Your Coverage Summary** section, select the coverage option you are requesting.
2. Click on the **Apply** button.
3. Press **Enter**.

### To Make a Coverage Change:

1. Click on the **Make Changes** button.
2. Press **Enter**.
3. Click on the **Coverage Change** link.
4. Select the coverage change you are requesting.
5. Press **Enter**.

## NEED HELP?

For Password Reset Assistance  
Contact the Employee Self-Service  
Call Center  
Toll-free at 1-866-751-7833  
8:00 a.m. to 4:30 p.m.  
Monday through Friday  
Available May 11 through May 28

Please have your Employee ID number available when you call. If your call should go to voicemail, leave a message with your name, your Employee ID number and a phone number where you can be reached between the hours of 8:00 a.m. to 4:30 p.m. Your password will be reset and your call will be returned as quickly as possible.

DO NOT LEAVE A VOICEMAIL AND USE THE FORGOT PASSWORD LINK AS THIS MAY RESULT IN YOUR PASSWORD BEING RESET AN ADDITIONAL TIME AFTER YOU HAVE SUCCESSFULLY LOGGED IN.

For General Benefit Questions or Online Enrollment Questions:  
Contact the Statewide Benefits Office Help Desk  
at **1-800-489-8933** (toll-free)  
8:00 a.m. to 4:30 p.m. Monday through Friday  
Available May 11 through May 28

